

Town of Selbyville**1 West Church Street****PO Box 106****Selbyville, DE 19975****302-436-8314 fax 302-436-8018****Email: tmselbyville@mchsi.com****Date:** _____**Project Name:** _____
(if applicable)**Tax Map Parcel #(s):** _____**Location of Property:** _____

Total Water EDU's to prepay @ \$2500 ea.	
Total Sewer EDU's to prepay @ \$2500 ea.	
Total Due	\$

Contact Name: _____**Phone #:** _____ **Email:** _____

I agree to pay the amount due above no later than June 2, 2021, in order to receive the impact fees at the prior rate of \$2500 per EDU. I understand that if payment is not made by this date, I will be required to pay the current fee per EDU when applying for a building permit.

Signature